

SHARE Cooperative of Winston-Salem Frequently Asked Questions and more...

Background:

The City-County Planning Board (CCPB) issued a report (Winston-Salem/Forsyth County Urban Food Access Report, dated June 23, 2016) on food access in Winston-Salem and Forsyth County. The report concludes, Food access is a community issue that impacts the economic well-being, health, safety, and overall quality of life of all residents.

According to the CCPB report “Childhood hunger is also an issue in the Triad region. Forsyth County had a child food insecurity rate of 24.5% in 2013. Forsyth County ranked number one nationally in this study for percentage of households with food insecure children.” The report says food insecure individuals in the county total 61,090.

Food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods or the limited or uncertain abilities of an individual to acquire those foods. According to the U.S. Department of Health and Human Services, 12% of the Forsyth County’s population is low income without access to a grocery store within one mile of their homes.

The U.S. Department of Agriculture is the agency responsible for identifying and defining food deserts. It has designated 21 census tracts in Forsyth County as food deserts.

It is universally agreed that negative health impacts are often prevalent in food desert communities. Studies by the Center for Disease Control (CDC) show that residents of food deserts have increased physical health problems including obesity, diabetes and other diet-preventable health issues.

Potential Impact:

According to the U.S. Census bureau in 2017, 12% of individuals living in our zip code were foreign born. Of those 43% are Spanish speaking and 11% were born in the Philippines. While the neighborhood is diverse with individuals from a wide range of incomes and backgrounds, there are many needy families living in the immediate neighborhood. Census data shows that more than 60% of the children in this neighborhood are living below the federal poverty line. Overall, SHARE could serve an estimated 8160 persons (according to 2015 USDA population estimates). Of the 3381 families in the area, 13.9% of them are in the heart of one of Winston-Salem's most prominent food deserts, without a car to access other food shopping areas. Furthermore, more than 16,000 individuals within a 1-mile radius of the SHARE location suffer from type 2 diabetes. Finally, the CCPB report states that “Increased food insecurity has resulted in a growing reliance on emergency food sources such as food banks and feeding sites.”

SHARE Cooperative's Harvest Market is being positioned to serve a diverse and financially needy community. SHARE's initial location is at the intersection of West Salem, Ardmore, and the Wachovia Highlands neighborhoods.

Our Beginning:

SHARE first enlisted the services of a national consultant who supplied a viable business model (*the Cooperative developmental model involving three stages*) and aided in our development of a Ten Year financial plan. CDS Consulting coop (CDS) provided training to the members of our steering committee, re-focused some of the crucial planning steps, and lead us in the development of a "Financial Proforma."

A separate firm, Dakota Worldwide, conducted a feasibility and market research study for the proposed store location and the city at large. Their findings have been crucial in guiding our multiple business decisions.

In addition to the services of CDS, we have also engaged the architect who designed the Renaissance Food Cooperative, in Greensboro, NC; as well as the General Manager who initiated that store's opening. Both have been working with SHARE on store designs and site estimations.

Separately, we have enlisted the help of numerous experts from other cooperative grocery stores for insight and to guide our site and logistical planning.

We also have a local marketing firm here in Winston-Salem, who has increased our branding with professional marketing materials (please see attached brochures).

All this preparation is in place as we work to secure funding for the grocery store construction and launch of the implementation of the **Harvest Market** (Stage 3 of the *CDS developmental model*).

Collaborations:

Besides the technical, we have also engaged community participation; e.g.,

- i. Through a collaboration with the Wake Forest School of Medicine, we implemented a series of cooking and nutritional classes for the community. More than 50 participants took part in the classes. Our curriculum was designed by a physician from the Wake Forest School of Medicine, presented by a medical student and will be replicated as we continue to grow our teaching classes.
- ii. We have hosted member meetings to encourage dialogue amongst interested members and to engage community support.

- iii. SHARE began a farmer's market at the West-Salem Shopping Center. It had been active in the summer months and will continue to draw new farmers and residents.

We would have liked to have increased the attendance at the nutrition classes. We believe further community outreach and grassroots advertising in the community will help to build trust and increase attendance in future classes. WE want to further engage community partners to let the community know what we are doing and why.

Our community meetings occasioned committed partnerships with (*among others*) the West Salem Neighborhood Association; Neighbors for Better Neighborhoods; Minsters Conference of Winston Salem and Vicinity; Parkway Presbyterian Church; Trinity Presbyterian Church; Delabrook Presbyterian Church; First Presbyterian Church; Highland Presbyterian; First Baptist Church; the Triad Buyers Cooperative; and the Triad Regional Food Council.

Second, to more directly impact those in the food deserts, SHARE is partnering with a medical provider to develop a "Food Pharmacy" as an aspect for the medical treatment for chronic health conditions such as diabetes and hypertension. This is the means of "prescribing" and providing (to low income individuals) fresh healthy food to combat the economically efficient but nutritionally poor eating habits that often exacerbate diabetes, hypertension and heart disease in low income communities, such as these food desert. Initially, we were not familiar with the "food pharmacy" concept. But as we have explored the several ways to effect positive health outcomes the "food pharmacy is one of the most promising research-based interventions, nationally.

There are multiple reasons why this neighborhood is food-insecure; and it will take persistence and continued community outreach to build community trust and the inclusive, diverse community we hope for.

Our Continued work:

Our true target audience and participants (the members, patrons, and beneficiaries of the SHARE co-op) is not yet fully realized. However, as the only prospective democratically operated food cooperative in the city of Winston-Salem, we are creating a template for future success that can be replicated in food deserts throughout the city and beyond. Eventually, we aim to make a significant impact in the lives of people throughout Winston-Salem by providing better access to fresh, nutritional, healthy food.

Approximately twelve months ago, SHARE launched a membership campaign with the hope of attracting 750 members by the end of 2019. We currently have more than 300 members.

Membership momentum had initially slowed due to a lack of an assurance the site at the West-Salem Shopping Center had been certain. We have now finalized the lease for the proposed food market site: 635 Peters Creek Parkway, Winston-Salem, NC.

Based on our preceding experiences, we are now working on the following strategies to increase our impact and outcomes:

- a. SHARE has opened its office/meeting space to community groups to broaden community awareness, appeals and work for food-justice.
- b. Our membership campaign is being broadened. We enlisted the help of volunteer interns from Wake Forest University to enhance our social media campaigns.
- c. In reference to our Community Participatory Research Based Process – we added Dr. Frankie Powell, a community-based researcher/expert to our team. The goal is to develop an evaluation process with initial benchmarks and feed-back loops to measure outcomes and determine best practices to provide food and improve health outcomes.
- d. We have begun a partnership with the United Health Care to establish a Food Pharmacy which prescribes healthy foods to address certain health ailments i.e. Diabetes.
- e. We engaged the Wake Forest Hospital, Brenner FIT (Families in Training) - Community Health Program, to put on cooking classes at our location (*in Spanish*).
- f. We are establishing an on-line buying service where members of our cooperative can presently buy groceries, i.e., before the inaugural opening of the **Harvest Market**. This we are certain will help generate income and more exposure sooner rather than later.

What happens now:

We have the vision, talent, systems, and we are working on securing the necessary capital to keep our work moving forward. We continue to engage in regional policy conversations regarding the production, distribution, and sustainable food practices.

Our immediate goal, beyond increasing our membership, is to secure further funding to enable implementation of the retail store; Our **Harvest Market**.

Over the long term, our goals include the alleviation of the food deserts (*in our backyard*) and to serve as a model for similar projects throughout the region and beyond.

Better health though healthy eating won't be an overnight occurrence. Measurable change in health outcomes are typically measured in years not months; yet the mere availability of healthy food improves life, especially for children and families who live in food deserts.

Further details are offered at our website: www.SHARE-WS.coop

Thank you for your support.